Southern Regional Healthcare Executive Committee Minutes

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December 14, 2021

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**Southern Regional Healthcare Coalition Executive Committee Meeting**

**December 14, 2021 via Zoom Meeting 1300-1500**

# Documents and materials provided for the meeting

SRHCC December 14, 2021 Meeting Agenda  
SRHCC EC Meeting Minutes October 12, 2021  
SRHCC December 14, 2021 PowerPoint Presentation  
SRHCC Budget to Date  
SRHCC HID Annex, November 2021 revision

# Call to Order

Chair Birgen Knoff called the meeting to order

# Roll Call

**Members Present:**

* Bill Hodges, Big Horn Hospital
* Birgen Knoff, Bozeman Health, CHAIR
* Charlie Hanson, MT DES
* Greg Coleman, Park County DES, CO-CHAIR
* Jason Mahoney, Carbon County Public Health and MT EMSC Pediatric Liaison
* Jennifer Staton, SCL Health
* Joe Marcotte, Billings Clinic
* Paula Small-Plenty, Big Horn Senior Living
* Ray Ezell, Riverstone Health
* Rob Farnum, Pioneer Medical Center
* Scott Rainey, Vitalant Blood Services
* Stephen Schmid, Life Flight Network
* Casey Driscoll, MHREF SRHCC Regional Coordinator
* Don McGiboney, MT DPHHS HPP
* Kyrsten Brinkley, MHREF WRHCC Regional Coordinator
* Robbie Kavon, MHREF ERHCC Regional Coordinator
* Kitty Songer, MHREF CRHCC Regional Coordinator

**Guests Present:**

* None

**Members Not Present:**

* Cindee McKee, MHREF HCC Director
* Sue Woods, Central MT Health District Public Health
* Taylor Curry, MT DPHHS PHEP

# Old Business

**Review & Approve Minutes**

October 12, 2021 Meeting minutes were reviewed. No comments were made.

* Motion to approve minutes made by Bill Hodges
* Seconded by Jason Mahoney
* Approved unanimously

**Treasury Report**

Casey Driscoll presented the budget

* FY2021 Budget
* Allocated $66,448.00
* FY2020 Carry Over
  + $3,902.33
  + Voted to use carryover funds to make budget whole
* HPP COVID 2020 – 2021 Funds
  + $11,617.69
  + Extra COVID funds from the state. Each coalition received the same amount
* HCC Southern COVID Funds
  + $6,866.08
  + Funds remaining due to left over from PAPR purchase and facilities not cashing checks for grants
  + Voted to purchase PPE for the HCC Cache, this is no longer an option
* Approximately $86,000 of unspent funds
  + $22,000 in Carryover
  + $64,000 in FY21-22 Grant by year end
    - There are line items for trainings and education but all are dependent on COVID
* Topics for Consideration/Discussion
  + Basic Disaster Life Support Course; approximately $3,700 per class, offered virtually for up to 50 participants, cost could be shared with other coalitions if willing to host
  + Additional ABLS Course, approximately $10,500 per class
  + Purchase Oxygen Concentrators for CAHs/LTC
  + E-misters for LTC and EMS
  + Grant Applications
  + Other projects/ideas…
* Discussion on Proposed Ideas
  + Oxygen concentrators
    - Group discussed whether there is a need for this throughout the region as they are offered as DME
    - Casey Driscoll stated that there were Critical Access Hospital that encountered an oxygen shortage a couple of months ago. Kyrsten Brinkley added that it occurred in the Western RHCC; O2 concentrators would have relieved a gap that occurred due to both supply chain issues and frozen lines. Birgen Knoff agrees that the high volume draw from the cylinders can lead to issues.
    - Joe Marcotte added that there would be a benefit to exploring the installed oxygen systems rather than focusing on Concentrators. This would work toward solving the root issue. Birgen Knoff stated that it would be costly to undertake something like this for each facility. Don McGiboney stated that the ASPR HPP program prohibits funding any infrastructure projects.
    - Birgen Knoff mentioned that seeking thoughts from the weekly CMO and CNO calls might be beneficial
  + The COVID and Carryover funds are on an extension and need to be allocated as quickly as possible. The FY21-22 Grant funds must be allocated by June 30, 2022.
  + All other coalitions are having discussions on unspent funds as well.
* Suggestions by the Committee:
  + Greg Coleman made some recommendations for the Recovery and Response Capability
    - Vaccine Task Force
      * Contractor to provide vaccine services, perhaps subsidized with another funding stream
    - Compassion Fatigue and Resiliency program for Healthcare workers
  + Birgen Knoff supported the idea of compassion fatigue and commented that recruitment and retention is also a huge struggle right now
  + Casey reminded the group that trainings should address a gap within the HVA, CAT or Work Plan. Don also commented that many of these ideas could also fit within Responder and Worker Safety.
* Follow up on items discussed:
  + Rob Farnum suggested that a survey be sent to facilities to gauge interest in some of the items suggested (ABLS, Compassion Fatigue, etc.)
  + Joe Marcotte stated they Billings Clinic had offered courses such as crisis debriefing and town hall events that have not been very well attended. Now they have designed a program that is training the leadership team on doing crisis support on-site, just in time to listen and guide to the appropriate resources.
  + Rob Farnum also recommended the Emotional Trauma Life Support course.
  + Casey Driscoll will look into the items suggested and provide information to the committee to review at the next meeting.
  + Birgen Knoff stated that we should discuss any new developments at the next meeting for final decision

# New Business

**Clinical Advisor**

Casey Driscoll presented

* Birgen Knoff is the last remaining Clinical Advisor in all 4 Regional HCCs
* HHS ASPR HPP Grant requires all HCCs to have a Clinical Advisor
* A remedy that HPP staff have been discussing is to have one primary Clinical Advisor that all 4 HCCs share equally
* There would be a cost, in light of past discussions, on compensating an individual for an estimated 80 hours per year (approximately $1,550 per RHCC) on reviewing RHCC endeavors to ensure of patient safety and considerations
* Birgen Knoff feels this is appropriate and could still also provide some guidance as needed
* Greg Coleman stated that it would provide continuity between each RHCC
* Don McGiboney reminded that at the National Healthcare Coalition Preparedness Conference in Houston, TX 2 years ago that an overwhelming trend from around the Nation was to provide some type of stipend for a Clinical Advisor’s guidance
* Casey Driscoll mentioned that this would require a change to the budget since it hadn’t been identified previously as an expense
  + Motion to approve $1,550 as a line item in the budget made by Bill Hodges
  + Seconded by Jen Staton
  + Approved unanimously

**Highly Infectious Disease Table-Top Exercise (May 2021) AAR/IP Review**

Casey Driscoll reviewed the status to-date on identified gaps and improvements

* AAR/IP was sent out via email to the Committee before the meeting
* Time-frame of Annex review was April 1, 2021 to May 6, 2021
* HPP team reviewed the Highly Infectious Disease Annex against actions that had taken place at the Regional HCC level
* Gaps were discovered and documented in the After-Action Review/Improvement Plan
* Birgen Knoff asked for clarification on the entry for LTC and EMS data not being available
  + Casey Driscoll responded that this data is not compiled to date
  + All of the Regional Coordinators are now working on a tiered process to begin collecting this information. We will next need to determine how we can assist them
  + Kyrsten Brinkley reminded us that we did have some contacts a year ago when we were collecting PPE data, but many contacts have since moved on
* Birgen Knoff asked the Committee if there are any other comments or questions
* Casey Driscoll summarized that we have identified several areas for improvement of the Annex and those will be incorporated into the next Annex revision next year

# Wrap Up

**Coordinator Update**

Casey Driscoll reviewed the recent projects that staff been addressing

* HPP PPE Cache outreach using tiered approach, target date for completion is 12/17/21 for the first tier
* Attended National Healthcare Coalition Preparedness Conference
* Working on Project Management Platform to track HPP deliverables
* Preparing for MRSE
* Continued work on Burn Annex
* Participate in weekly CNO Calls
* Continued outreach to hospitals on reporting compliance

**Upcoming Training & Education**

* Coalition Surge Test changed to Medical Response & Surge Exercise (MRSE)
  + Results must be submitted to CAT by June 30, 2022
  + Information forthcoming on how this will be rolled out
* Surge Estimator Tool data update waived for this fiscal year
* Continuity of Operations Plan (COOP)
* Supply Chain Integrity Assessment
* Preparedness Summit will be Apr 3-5 in Atlanta, GA
* Advanced Disaster Life Support
  + May 27 – 28, 2022

**Roundtable**

Birgen Knoff – Bozeman Health still in process of trying to bring normal operating procedures into Incident Command. Challenge continues with visitor policy and trying to standardize with other hospitals throughout the state. Continue struggle with staffing and the exorbitant expense of travelers.

Greg Coleman – Continuing to try to transition to recovery but variants make that difficult. Still in response mode but looking toward recovery and trying to figure out what that looks like throughout the county. Lost Health Department Director and will be filling in leadership and administrative duties for that position until filled.

Ray Ezell – Continuing to meet as UHC, discontinued community-wide testing but continuing mass vaccination clinics.

Rob Farnum – staffing continues to be a real strain, more usage on the ambulance as well. Having some pretty significant issues with supply chain, including lab testing tubes.

Charlie Hanson – All Amateur Radio equipment has all been ordered. Items need to be transferred from warehouse in Helena to Billings. Storage in Billings has not yet been secured. Scheduling with facilities will begin after the holidays.

Bill Hodges – Vaccine clinics continue in conjunction with IHS, getting good response with 5-11 year olds. SitRep calls continue every Monday.

Jason Mahoney – Still getting things back in order after transition of public health. Trying to get the office fully staffed. Attended the NHCPC in Orlando, it was good but weird.

Joe Marcotte – Billings Clinic still in COVID mode. IMT remains in place but scaled back in frequency. Continue to participate in UHC and trying to transition back to normal operations as able. Facing staffing challenges like everyone else.

Scott Rainey – echo the staffing and supply chain challenges.

Stephen Schmid – been busy, transfer patterns remain strange which extend transport and other things. With the passing of the infrastructure bill, they have been working with the state to increase weather reading capability at facilities and airports throughout the state. Trying to bring awareness to local leaders and decision makers about the importance of upgrading these systems.

Paula Small-Plenty – experiencing lab supply shortages as well. Staffing shortages. Asked if there was any discussion about the staffing crisis and what is going to happen or how we can get in front of it.

Jen Staton – Coming off the big surge. There was a cyber-attack on their time-tracking system.

Don McGiboney – no report

Kyrsten Brinkley – coalition coordinators were able to sit in on the hot wash for the train derailment in Joplin

Kitty Songer – Coordinators will be meeting in January and will discuss how coordinators may be able to assist in experiences like that. Central Region has formed a subcommittee to determine how to spend excess funds including oxygen concentrators, isolation tents, and pulse oximeters. Working on the Burn Annex.

Robbie Kavon – Executive Committee meeting scheduled for end of January, discussing many of the trainings and opportunities brought forward today.

**Public Comment**

No public comment

**Next Meeting**

Next meeting will take place February 3rd, 1:00 pm via Zoom. Any important spending decisions will prompt and earlier meeting

**Adjourn**

* Motion to adjourn made by Bill Hodges
* Seconded by Joe Marcotte
* All approve unanimously